

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER
Brian Green	3:19cv75
DEFENDANT	TYPE OF PROCESS
Wells Fargo Bank, N.A. et al	Civil Summons & Complaint

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT Wells Fargo Bank, N.A., Registered Agent
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 2626 Glenwood Avenue, Suite 550, Raleigh, NC 27608

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Brian Green 113 Indian Trail Rd N Ste 280 Indian Trail, NC 28079	2
	Number of parties to be served in this case
	1
	Check for service on U.S.A.
	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		5/7/2019

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 58	No. 58		5/8/2019

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	Date	Time
	5/21/2019	1315
Address (<i>complete only different than shown above</i>)	Signature of U.S. Marshal or Deputy	
		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
58			\$8		

REMARKS *5/8/2019 : RECEIVED & ENTERED . MAILED CERTIFIED OR REQUESTED .
POSTAL #. 7004 0550 0001 5408 9185.*

5/21/2019 RR INDICATES DOS # 5/13/2019 . CLOSED, 285 RETURNED.

FILED
CHARLOTTE, NC

MAY 21 2019

US DISTRICT COURT
WESTERN DISTRICT OF NC

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X

 Agent
 Addressee**B. Received by (Printed Name)**

Hector J. Soto

C. Date of Delivery
5/13/19**D. Address different from item 1?**
If delivery address below:
 Yes
 No

CHARLOTTE, NC

Wells Fargo Bank N.A.

2626 Glenwood Ave, MAY 25 2019

Raleigh, NC 27608

Clerk, US District Court
Western District of NC

9590 9402 3180 7166 0235 33

E. Article Number (Transfer from service label)

7004 0550 0001 5408 9185

- | | |
|--|--|
| F. Service Type | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |

PS Form 3811, July 2015 PSN 7590-02-000-9053

Domestic Return Receipt